



Annual Report of Amounts Paid as MBE/WBE Participants

July 1, _____ thru _____ June 30, _____ (Fiscal Year) or Completion Date _____ (Final)		State Contract Number _____
		Federal Employer I.D. Number _____
Contractor _____		
MBE/WBE Participant Name and Federal Employer ID Number	Contract Type	Amount Paid Participants (Including Retainage Held) \$
CONTRACT TYPE: S = Subcontractor A = Agent M = Manufacturer R = Regular Dealer J = Joint Venture V = Service Provider		
I certify that all MBE/WBE participants contracted by me on the noted contract are listed above and that they have been paid the amounts shown.		
Signature _____	Title _____	

**This form required from the Prime Contractor on all State funded projects annually
by the 20th of July and upon completion of the project.**